Appendix 1 Themes from thematic analysis (TA)

Theme	Descriptive summary of theme	Illustrative data extracts
Intervention	The COVID-19 restrictions	I feel as though I'm held in, I'm being persecuted
context	applied variably to older adults	because I was shielding originally. I did
	in the BASIL study (e.g.,	everything that was asked of me, we're now
	shielding, social distancing)	moving out but all of a sudden because of political
	dependent on their health	decisions, I'm now finding myself back where I
	status. There was considerable	was. Staying in a lot, don't meet a lot of people at
	variability in how the	the best of times, generally speaking you'll
	restrictions had impacted	probably say loneliness, isolation. (OA06)
	participants' mental health.	
		But I just didn't feel motivated to do anything
		'cause all the things that I really had been
		enjoying had just suddenly stopped overnight,
		literally. (OA14)
		It's just a worry, obviously I don't want to catch
		it, you know, because of my underlying conditions
		I think I would have a rough time of it, you know
		So, I'm quite happy to isolate myself, if you like
		(OA12)
		The constant changes in rules and the confusion
		that people have had over that, has, you knowit
		has affected it [intervention delivery]. Because
		one week, someone can be doing okay and the
		next week, rules have changed and they're feeling
		anxious, so they're not really sure where they
		stand anymore. Or, you know, restrictions have
		been lifted. And so one week, they're really
		struggling and the next week they've been able to

	from the Clinical Research	I would. (OA01)
	via GP surgery), 3) phone call	would do that and I rang the number and said yes
	participant information (sent	beneficial for me to take part. So, I said yes, I
	surgery, 2) letter with study	I should take part in[they] thought it would be
	(i.e.: 1) initial text from GP	And then I got this text from my doctor saying that
Study entry	Phased approach to recruitment	So, I was really quite down in the dumps a bit.
		appointments for it and things like that. (BSW06)
		they're not being able to go to their routine
		the impact on their long-term conditions 'cause
		they don't want to go out, and then that's having
		the support because they're either too scared or
		other side is where they're not wanting to access
		conditions or their access in the support. The
		one side, it's not affected their long-term
		There's been these two sides of things. There's
		(OA11)
		down, or so that's my cancer and my diabetes.
		person's not available or the computer's broke
		problem. They've rang up to say that either the
		there, I've missed the last two because of the same
		My cancer ones, I don't know what's happening
		matthey were cancelled for different reasons.
		were supposed to be phone ones and they didn't
	lack of access to primary care	have no idea I haven'tthe last two appointments
	Remote consulting / perceived	My diabetes, I think, they've forgot about me, I
		area. (BSW07)
		dependent on, you know, the restrictions in their area. (BSW07)
		week to the next, where someone's going to be at,
		week to week. So you really don't know from one
		go back to doing most of what they normally do, and actually, they're loads better. So it change

	Duration of intervention	So if they know they've got a telephone call on a
		have the worry of the [online platform] going wrong. (OA15)
		not being able to get it [online platform] on, you know, I'd rather a telephone call and then I don't
		And I thought, I don't want to be bothered with
	participants.	
	was not taken up by any	thing. (OA06)
	offered; however, this option	your own for long periods of time and that sort of
	intervention delivery was	was coming from, you know, just about being on
	their homes. Online	with showed a lot of empathy, understood where I
content	telephone to older adults in	P: Well, I found that the person I was speaking
delivery and	was solely delivered by	telephone, how was that?
Intervention	The BASIL pilot intervention	I: receiving the support package over the
		targeted. (BSW04)
		mood and wellbeing. I guess maybe to be more
		reasons, rather than looking to boost their own
		mood, they'd come into the study for altruistic
		consider themselves to be struggling with their
		the participants I was working with didn't
		want to target in the main study. I think as I say,
	Need for targeted recruitment.	I think it's maybe thinking about who we would
	participate in the BASIL study.	
	decide if they wanted to	worrying. (OANC17)
	gain sufficient information and	how to deal with it but to some people it could be
	opportunities for participants to	which is what I don't worry about it because I know
	provide successively layered	somebody phones up that it's not a scam, a con,
	acceptable. It seemed to	is about to happen and then you're prepared when
	team), was both feasible and	No, I mean the doctor gives you a warning that this
	from the University study	
	Network and 4) phone call	

Wednesday morning at 11, then that will really help them to structure their week and give them something to look forward to and mark their weeks. (BSW05)

So for those who have more severe low mood, when I start working with them, I definitely see that they have more to learn in terms of using technology. (BSW06)

Self-help booklet

I think it was enough because we'd done the whole book and it left me, at the end, to have an action plan. So that's all there, I'd written out on the page, so I've got that to refer to. Yes, I think eight weeks was enough. (OA15)

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My first thought was, it was in very simple, precise language so that anybody could understand it. It wasn't, you know, sort of above anybody's head if you know what I mean. I thought it was very good, very simple. And it had different examples of what people were doing and how they were overcoming their difficulties. Yes, I thought it was very good, I liked it. (OA15)

And there was also plenty of opportunity for me to put my two pennorth worth in, you had pages that were blank and...list your three most priority items today...... You know, that was so...so it gave you that. (OA06)

with the booklet and the [person] who I was talking with, we were able to say what is it about you that's so important that you must have this priority and that priority, and they compete, why don't you break it down. What can I do, how much can I do, how does it interwork with each other, and it's that breaking down of... catastrophic how you are, obviously, the pandemic, how does the pandemic impact you, what can you do to circumvent it, you know, that sort of thing. And that was very useful. (OA06)

Also, probably the breaking things down into making them more manageable. That's been particularly useful for physical health. So that helped with the physical pain. (BSW06)

And I felt really good to tell {them] that it made me feel better, it made me feel good. The support I got from [them] was really good because things that I'd never thought about, [they] said [themselves], why don't you...you know, have you tried this? (OA01)